

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0047034

0047034  
STATE FILE NUMBERDO NOT WRITE  
ON THIS STUB

AMENDED

DEFILED 09 64

Primary Registration District No. 500

Registrar's No. 3994

VS 300  
Rev. 4/59

1 4000

2 4006

3

4 0

5 2

6

7 0

8 2

9 180x

10

11

12 39-0

13

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Length of stay in 1b

6 Months

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

St. John Mercy Hospital

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

Inside Limits

Yes ☒ No ☐c. CITY  
OR  
TOWN

University City

d. STREET  
ADDRESS

(If outside, give location)

7533 Delmar Blvd.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

JOSEPH

Middle

A.

Last

SCHENK SR.

4. DATE  
OF  
DEATH

Month

Nov.

Day

26

Year

1964

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

9-8-1884

## 9. AGE (last birthday)

80

## 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Proprietor-Central Typewriter Co.

## 11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Adolph Schenk

## 13b. MOTHER'S MAIDEN NAME

Julia Reider

## 14. NAME OF HUSBAND OR WIFE

Late Helen Rice Schenk

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

None

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Joseph A. Schenk Jr. 1112 So. Spode Rd.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Carcinomatous (including lung)

INTERVAL BETWEEN  
ONSET AND DEATH

6 wks

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

Carcinoma left kidney

6 mo

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour

a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 1964, to 11/26/64 and last saw him alive on 11/26/64  
Death occurred at 9:40 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Joseph E. Steinhilber

## 22b. ADDRESS

1645 Brentwood

## 22c. DATE SIGNED

11/27/64

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Removal

## 23b. DATE

Nov. 28, 1964

## 23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis, Mo.

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

Kriegshauser 9450 Olive St. Road

## 25. DATE RECD. BY LOCAL REG.

11-27-64

## 26. REGISTRAR'S SIGNATURE

John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

Dr. Joseph Flynn      No. 2-0130  
1695 S. Brentwood Blvd.      2-30-5-30

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4533

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.